

**WISCONSIN WELL WOMAN PROGRAM  
REIMBURSEMENT RATES  
EFFECTIVE 04/01/2004 – 03/31/2005**

Procedure Code	Current Procedural Terminology (CPT) Description	Reimbursement Rate	Modifier Yes/No	Professional (26)	Technical (TC)
<b>PREVENTIVE MEDICINE OV</b> – Use these codes for health and evaluation of risk profile for depression, domestic violence, hypertension, cardiovascular disease, diabetes, osteoporosis, and comprehensive exams including Pap and annual CBE. <b>One</b> visit per <b>client per provider per year</b> . If client sees GYN provider for Pap-Pelvic-CBE then may be referred for <b>2<sup>nd</sup></b> Preventive office visit for remaining screenings.					
99385	Initial Ages 35-39	\$56.96	No		
99386	Initial Ages 40-64	\$57.43	No		
99387	Initial Ages 65 and Over	\$54.69	No		
99395	Established Ages 35-39	\$56.96	No		
99396	Established Ages 40-64	\$56.96	No		
99397	Established Ages 65 and Over	\$56.96	No		
<b>EVALUATION AND MANAGEMENT</b>					
99201	Initial – 10 minutes	\$34.79	No		
99202	Initial – 20 minutes	\$62.20	No		
99203	Initial – 30 minutes	\$92.46	No		
99211	Established – 5 minutes	\$20.20	No		
99212	Established – 10 minutes	\$36.18	No		
99213	Established – 15 minutes	\$50.59	No		
<b>CONSULTATION OV</b> – Consultation OV can be used to determine further <b>breast</b> diagnostic studies only (no other consultation visits are covered under the WWVP)					
99241	15 minutes	\$48.06	No		
99242	30 minutes	\$88.14	No		
99243	40 minutes	\$116.31	No		
<b>ANESTHESIA</b> (use screening guidelines)					
19100 + modifier	Or 00400 + modifier	\$17.01	Yes		
19101 + modifier			Yes		
19120 + modifier			Yes		
19125 + modifier			Yes		
19126 + modifier			Yes		
<b>DEPRESSION</b> – Assess as part of the Preventive Medicine evaluation. (See Preventive Medicine Office Visit above) Code listed to be used when initial assessment determines need for referral.					
90801	Psychiatric Diagnostic Consult	\$147.39	No		
<b>DOMESTIC ABUSE</b> – Assess as part of the Preventive Medicine Evaluation. (See Preventive Medicine Office Visit above)					
<b>CARDIOVASCULAR RISK: DYSLIPIDEMIA and HYPERTENSION</b>					
80061	Lipid Panel (TC/LDL/HDL/TTGS)	\$18.72	No		
99211	Blood Pressure recheck	\$20.20	No		

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<b><u>DIABETES</u></b>					
82947	FBG or Random Sample	\$5.48	No		
82951	GTT	\$17.99	No		
<b><u>OSTEOPOROSIS</u></b> – Assess risk as part of the Preventive Medicine Evaluation. (See Preventive Medicine Office Visit codes above)					
<b><u>LAB SERVICE</u></b>					
36415	Venipuncture	\$3.00	No		
99070	Supplies and materials provided by physician over and above these usually included with the office visit or other services rendered (list)	\$16.04	No		
<b><u>ALLOWABLE BREAST SCREENING AND DIAGNOSTICS</u></b>					
Radiology, use <b>TC</b> or <b>26</b> modifier as appropriate.					
76092	Screening Mammogram	\$80.33	Yes	\$35.41	\$44.93
76090	Diagnostic Mammogram (Unilateral)	\$74.11	Yes	\$35.41	\$38.71
76091	Diagnostic Mammogram (Bilateral)	\$91.53	Yes	\$43.83	\$47.70
76095	Stereotactic localization each lesion	\$342.30	Yes	\$80.96	\$261.35
76096	Preop placement of needle localization wire, breast	\$76.49	Yes	\$28.79	\$47.70
76098	Radiological Exam Surgical Specimen	\$22.90	Yes	\$8.03	\$14.87
76645	Breast Ultrasound, unilateral and/or bilateral	\$66.40	Yes	\$27.70	\$38.71
76942	Ultrasound guidance for needle biopsy	\$125.60	Yes	\$34.26	\$91.33
19000	Puncture Aspiration of Breast Cyst surgical only	\$104.36	No		
19001	Puncture Aspiration of Cyst, each additional lesion	\$44.38	No		
19100	Breast Biopsy, precutaneous surgical only	\$125.87	No		
19101	Biopsy of Breast Open Incisional	\$289.16	No		
19102	Percutaneous, Needle Core, Using imaging guidance	\$217.89	No		
19103	Percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance	\$562.58	No		
19120	Excision of Cyst, Fibroadenoma, etc.	\$388.05	No		
19125	Excision of Breast Lesion identified by preop placement of radiological marker – open single lesion	\$417.33	No		
19126	Excision of Breast Lesion, identified by preop placement of radiological marker – each additional lesion	\$156.06	No		
19290	Preop placement of needle localization	\$154.09	No		
19291	Each additional lesion	\$85.62	No		
19295	Image guided placement metallic localization clip	\$96.40	No		

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10021	Fine Needle Aspiration (FNA), without guidance	\$126.31	No		
10022	FNA, with guidance	\$139.89	No		
<b>BREAST LAB</b>					
Use <b>TC</b> or <b>26</b> modifier as appropriate.					
88172	Evaluation of FNA	\$46.59	Yes	\$32.41	\$14.17
88173	Interpretation and Report of FNA	\$115.18	Yes	\$74.65	\$40.54
88305	Surgical Path. Interpretation up to 5 Specimens from breast	\$90.30	Yes	\$40.44	\$49.85
88307	Breast excision lesion – requiring microscope evaluation	\$155.48	Yes	\$85.56	\$69.92
88331	First tissue block, with frozen sections(s) single specimen	\$81.33	Yes	\$64.08	\$17.25
88332	Each additional tissue block with frozen section	\$40.66	Yes	\$31.69	\$8.97
<b>CERVICAL CANCER SCREENING</b>					
88164, p3000	Pap Test (Routine Screening) Bethesda System	\$14.76	No		
88141, p3001	Pap Test/Diagnostic (Interpretation by Physician)	\$22.25	No		
88142	Thin Prep ( <b>reimbursed @ conventional Pap rate</b> )	\$14.76	No		
<b>87621</b>	HPV Hybrid II Capture from Digene – HPV test High Risk Only	\$49.04	No		
57452	Colposcopy w/o Biopsy	\$108.44	No		
57454	Colposcopy with Biopsy and/or Endocervical Curettage	\$153.21	No		
<b>57455</b>	Colposcopy with Biopsy(s) of Cervix	\$140.17	No		
<b>57456</b>	Colposcopy with Endocervical Curettage	\$132.15	No		
57505	Endocervical Curettage (not done as d & c)	\$98.08	No		
88305	Surgical Pathology Colposcopy up to 5 specimens, use <b>TC</b> or <b>26</b> modifier as appropriate	\$90.30	Yes	\$40.44	\$49.85
<b>PROVIDERS: PLEASE DISCUSS WITH THE PATIENT ANY PROCEDURES YOU WISH TO PERFORM THAT ARE NOT LISTED ON THIS FORM (Not Covered by WWWP)</b>					
<b>*Bolded CPT codes effective 07/01/2003</b>					